United Nations E/ICEF/2017/P/L.30

Economic and Social Council

Distr.: Limited
17 July 2017

Original: English

For decision

United Nations Children's Fund
Executive Board
Second regular session 2017
12-15 September 2017
Item 8 (a) of the provisional agenda*

Country programme document

Nigeria

Summary

The country programme document (CPD) for Nigeria is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $290.5 million from regular resources, subject to the availability of funds, and $964 million in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2022.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2017.

* E/ICEF/2017/14.

17-12056X (E) 020817

Please recycle

Programme rationale

1. Children and women in Nigeria face multiple deprivations and challenges, many rooted in poverty and inequality, which in the north-east are exacerbated by the ongoing humanitarian crisis. Millions of Nigerian children are vulnerable to disease, malnutrition, lack of education and numerous violations of their rights.

2. In 2014, the population was estimated at almost 180 million, making it the most populous nation in Africa (and seventh worldwide). Growing at 3.2 per cent annually and with an estimated birth cohort of 7 million children, the population is estimated to reach 200 million by 2020 and 400 million by 2050. Approximately 45.7 per cent of the population is under age 15 and 17.1 per cent under age 5. Women of childbearing age (15-49 years) account for 22.5 per cent of the population.[1]

3. Nigeria has the largest economy in West Africa, with 41 per cent of the region's gross domestic product. Economic growth has not resulted in shared prosperity, equitable social progress and environmental protection. About a third of Nigerians live below the poverty line. UNICEF estimates child poverty at 75 per cent (and reaching 90 per cent in some northern states). The Government is committed to achieving the Sustainable Development Goals and implementing reforms towards inclusive growth and sustainable development. Nigeria is at the cusp of a potential demographic dividend that could increase economic growth over the coming decades if strategic investments are made in health, education, empowerment of women and girls, job creation and good governance.

4. The maternal mortality ratio is estimated at 576 per 100,000 live births,[2] accounting for 10 per cent of the global burden of maternal deaths. According to the 2013 Demographic and Health Survey (DHS), the infant and under-five mortality rates were 69 and 128 per 1,000 live births, respectively. Neonatal mortality accounts for 262,000 deaths annually, the second highest national total globally. Malaria, pneumonia and diarrhoea together account for 64 per cent of under-five deaths. Despite investments in the sector, access to appropriate treatment remains low.

5. Malnutrition is a direct or underlying cause of 54 per cent of all deaths of under-five children. Nigeria has the second highest burden of stunted children, with a national prevalence of 32 per cent[3] and 11 million children under age 5 affected. Currently declining at an annual average rate of 3.1 per cent, Nigeria is not on track to achieve the Sustainable Development Goal target of a 40 per cent reduction by 2025, for which the rate of decline must increase to 5.5 per cent. An estimated 2.5 million children suffer from severe acute malnutrition (SAM), with only 20 per cent treated annually. Seven per cent of women of childbearing age suffer from acute malnutrition. Exclusive breastfeeding rates have not improved significantly over the past decade, with only 17 per cent of infants exclusively breastfed during the first six months of life. Only 18 per cent of children aged 6-23 months are fed the minimum acceptable diet.

6. Nigeria has the world's second highest HIV burden; 3 per cent of the adult population is HIV-positive and an estimated 3.4 million Nigerians are living with HIV. In 2015, some 260,000 children aged 0-14 years were living with HIV and an estimated 41,000 new

[1] United Nations country team, Nigeria Common Country Analysis Report, 31 October 2016.
[2] DHS 2013.
[3] National Bureau of Statistics, National Nutrition and Health Survey 2014.

infections occurred among children aged 0-14 years, 90 per cent of them through mother-to-child transmission.

7. In 2015, an estimated 160,000 adolescents aged 10-19 years were living with HIV, with girls disproportionately affected, accounting for 70 per cent of all new infections in this age group. Adolescents are the only age group for which AIDS-related mortality continues to rise. Reported drivers include multiple and concurrent sexual partnerships, intergenerational sex, sexual coercion, low risk perception and transactional sex.[4]

8. The primary health care (PHC) system has not functioned well for decades, with bottlenecks in delivery including a lack of necessary commodities, equipment and skilled and motivated workers; challenges in access in remote areas, including lack of delivery points and a referral system; the cost and perceived poor quality of services; lack of awareness of service availability; and inadequate community mobilization. The Government has launched the 'one PHC centre per ward' strategy, which aims to revitalize PHC through the establishment or rehabilitation of up to 10,000 PHC centres, one in each administrative ward.

9. After two years of no cases of polio in Nigeria, in mid-2016 four cases were confirmed in Borno State. UNICEF and partners supported the Government in a major immunization campaign in the Lake Chad Basin area to vaccinate over 41 million children to contain the outbreak. To reach the thousands of inaccessible children in Borno, the programme continues to focus on gaining access and building trust with affected populations, including internally displaced persons (IDPs).

10. Nigeria ranks among the top three countries with large numbers of people without access to safe water and improved sanitation, and practicing open defecation. Low coverage of water and sanitation services is coupled with limited institutional and human resource capacities, especially at state and local government area (LGA) levels. Poor access to water, sanitation and hygiene (WASH) is directly linked to incidences of diarrhoea, which contributes to the high child mortality rates. As of 2015, 57 million Nigerians were without access to improved water sources and another 130 million people without access to improved sanitation. An estimated 25 per cent of Nigerians practice open defecation on a daily basis. Access to WASH in schools and health centres continues to be low.

11. Nigeria accounts for more than one in six out-of-school children globally. Although primary education is officially free and compulsory, 10.1 million children aged 5-14 years are not in school.[5] Seventy-four per cent of out-of-school children of primary school age are expected never to enter school. Only 67 per cent of 6-11-year-olds regularly attend primary school. The pre-primary participation rate is 60 per cent, with gross attendance rates of 24 per cent in the north.[6]

12. Gender, like geography and poverty, is an important factor in the pattern of educational marginalization. States in the north-east and north-west have female primary net attendance ratios of 41.2 per cent and 47.1 per cent, respectively, meaning that more than half of girls are not in school.[7]

[4] Joint United Nations Programme on HIV/AIDS, *Global AIDS Update 2016*; National HIV/AIDS Strategic Framework 2010-2015.
[5] UNICEF and UNESCO Institute for Statistics, Nigeria Country Study, March 2015.
[6] National Population Commission (NPC), Nigeria Education Data Survey, 2015.
[7] Ibid.

13. Education indicators for northern Nigeria are the most challenging, driven by social attitudes towards formal education, especially for girls, difficulties in ensuring educational provision in predominantly rural LGAs and the impact of insurgency in the north-east. In Borno, 74.8 per cent of children aged 4-16 years have never attended school. In north-eastern and north-western states, 29 per cent and 35 per cent of Muslim children, respectively, attend Qur'anic education,[8] which does not include basic education skills such as literacy and numeracy. These children are officially considered out-of-school by the Government. Nearly half of all children who have completed primary school cannot read a complete sentence.[9] Poor learning outcomes are caused by low levels of teaching competence, lack of instructional materials, poor student attendance and lack of safe, inclusive classrooms. Children do not learn the skills that would enable them to function effectively or earn a decent livelihood.

14. Nigerian children experience a wide range of abuses and harmful traditional practices. The national legal framework for child protection is the Child Rights Act 2003. To date, 23 of 36 states have domesticated the Act (which is required for entry into force at state level). Yet implementation remains limited as most mandated bodies are unaware of their duties under the law. A national survey in 2014 found that 6 in 10 children reported having suffered suffer one or more forms of violence before reaching 18 years of age, with over 70 per cent experiencing multiple incidents of violence.[10]

15. Nigeria has the largest number of child brides in Africa: 23 million girls and women were married as children. Currently, 43 per cent of girls are married before they turn 18 and 17 per cent before they turn 15.[11] While the drivers are complex, child marriage most often occurs in poor, rural communities. At 27 per cent, the prevalence of female genital mutilation/cutting (FGM/C) among girls and women aged 15-49 years is lower than in many countries where the practice is carried out, but Nigeria still has the third highest absolute number of women and girls (19.9 million) who have undergone FGM/C worldwide. It is more commonly practiced in the south, driven by grandmothers and mothers-in-law aiming to curb promiscuity, prepare girls for marriage and conform to tradition.[12]

16. An estimated 62 per cent of births are unregistered. A 2016 national campaign linked to health-care services resulted in the registration of about 7 million children, but progress has been impacted by the country's enormous population growth. Barriers include an insufficient numbers of registrars; regular stock-outs of birth certificates; lack of public awareness of the importance of birth registration; ingrained socio-cultural beliefs; and parallel systems for birth registration at federal and LGA levels.

17. Over the past six years, the armed conflict in the north-east has affected civilians already living in precarious conditions, undermined poverty reduction and development efforts, strained government resources and depleted community coping capacities. Adamawa, Borno, and Yobe States have been disproportionally affected. As of 31 January 2017, an estimated 8.5 million people were in need of humanitarian assistance, including

[8] Ibid.
[9] NPC, Nigeria Education Data Survey, 2015.
[10] NPC, UNICEF and the United States Centers for Disease Control and Prevention, 'Violence Against Children in Nigeria: Findings from a National Survey 2014', February 2016.
[11] *A profile of Child Marriage in Africa*, UNICEF, New York, 2015.
[12] UNFPA/UNICEF, Baseline Situation Assessment FGM/C: Analysis of social norms to inform strategies for the implementation of UNFPA/UNICEF Joint Programme on FGM/C abandonment in Nigeria, 2015.

1.78 million IDPs.[13] The UNICEF Executive Director activated the UNICEF Level 3 Corporate Emergency Procedure for north-east Nigeria in August 2016. What started as a protection crisis is also developing into a nutrition crisis, with an estimated 3.9 million people currently food insecure, 38,000 people facing famine-like conditions in Borno State and close to 450,000 children are at risk of SAM across the three states in 2017 (300,000 in Borno alone).[14]

18. The health, education and WASH sectors have also been impacted by the crisis. An estimated 200 of 450 health facilities have been destroyed, along with 75 per cent of WASH infrastructure. Some 3.6 million people lack access to safe water, 1.9 million people lack access to basic sanitation and 6.2 million people are without proper hygiene due to the high rate of open defecation and low rates of hand-washing.[15] Since 2011, an estimated 19,000 teachers have been displaced, 1,200 schools damaged or destroyed and 3 million children deprived of education.

19. Children have been acutely affected by conflict. Following the listing of Boko Haram for the killing and maiming of children and attacks on schools and hospitals, Nigeria was included in the report of the United Nations Secretary-General (A/68/878-S/2014/339). The monitoring and reporting mechanism (MRM) on children and armed conflict was initiated in December 2014. In June 2015 and April 2016, respectively, Boko Haram and the Civilian Joint Task Force were listed in the annexes of the Secretary-General's annual reports for the recruitment and use of children. Since 2009, at least 7,000 girls and women have been subjected to Boko Haram-related sexual violence.[16]

20. Epidemics, intercommunal conflict and natural hazards, particularly floods, also occur in Nigeria. The worst flooding in 50 years occurred in 2012, killing 431 people and leaving over 1 million people displaced. The floods exposed weaknesses in the country's response capacity, hence the focus on supporting the Government to strengthen preparedness and risk-informed programming, including conflict and disaster risk reduction (C/DRR). Cholera is endemic; a resurgence in 2014 and 2015 resulted in nearly 42,000 cases and almost 1,000 deaths.

Programme priorities and partnerships

21. The Federal Government's Economic Recovery and Growth Plan, 2017-2020 aims to diversify the productive base of the economy and direct it towards sustainable development and inclusive growth. The United Nations Sustainable Development Partnership Framework (UNSDPF), 2018-2022 is closely aligned with the national plan, which forms the basis for the development of Nigeria Vision 2030 and aligns the country's milestones to the Sustainable Development Goals and the African Union Agenda 2063. Nigeria is a "Delivering as one" country, and UNICEF has chaired the development of the new UNSDPF.

22. The vision for the next country programme of cooperation, which is in the spirit of the draft UNICEF Strategic Plan, 2018-2021 and geared towards achievement of the

[13] OCHA Nigeria Humanitarian Response Plan 2017, December 2016.
[14] Population of children under age five years projected 2006 census data; National Nutrition and Health Survey 2015.
[15] OCHA, Nigeria Humanitarian Needs Overview 2017, November 2016.
[16] United Nations, Report of the Secretary-General on children and armed conflict in Nigeria, S/2017/304, 10 April 2017.

Sustainable Development Goals, is to demonstrate the impact, value and affordability of investing in long-lasting institutional and community-based systems and policies in favour of children's survival, growth and development. This strategy pursues nationwide universal coverage based on replicable models established in selected focus states and LGAs, while ensuring the provision of rapid life-saving humanitarian assistance. UNICEF aims to accelerate progress in four high-impact areas of results for children where it is uniquely placed to support the Government:

(a) Enrolment of children, especially girls, in early learning and primary school at the right age to promote psychomotor and cognitive development in order to reduce the number of out-of-school children; strengthen gender equality in and through education; and improve the quality of learning for retention;

(b) Routine immunization, including against polio, for all children by 1 year of age and support for women to make informed and empowered decisions, including during pregnancy, to promote child survival and well-being;

(c) Feeding, hygiene and sanitation practices to reduce high levels of stunting and prevent and treat SAM in under-five children;

(d) Promotion of attitudes and practices to reduce the high prevalence of violence against children and address gender norms at all levels of society.

23. Underlying this approach will be better cross-border collaboration with neighbouring countries, especially in the Lake Chad Basin, and support towards achieving the Sustainable Development Goals, which is critical given the country's demographic weight.

24. Important lessons learned informing this approach are that targeting of focus states and LGAs needs to be better coordinated and more strategic, and that geographic and programmatic convergence are needed to harness gains for children. Using strengthened criteria for selecting focus states and LGAs, UNICEF will connect policies at the national and state levels with capacity-strengthening efforts at selected local levels, which will simultaneously generate demand for services. This will be complemented by the development of coordinated data systems, evidence-based investment cases and proof-of-concept models.

25. Within selected states, LGAs and wards will be critically important units of management. The approach will build on four existing programme delivery systems: (a) PHC centres, incorporating community management of acute malnutrition (CMAM) services; (b) WASH committees; (c) school-based management committees; and (d) child protection units. UNICEF will accelerate results more cost effectively by identifying opportunities for programme convergence wherever feasible through these delivery systems and sectoral entry points and focusing on key levers for implementation. Partnership with the Government, non-governmental organizations (NGOs), civil society and the private sector will be leveraged, and innovation and social mobilization will be strategically harnessed for exponential change. The programme will work at the decentralized state and LGA levels in the delivery of services, capacity-building and programme monitoring.

Child survival and development

26. High mortality and malnutrition rates make strengthening and refocusing child survival and development interventions a humanitarian imperative. Four subcomponents will address the interrelated areas of health, nutrition, WASH and HIV/AIDS, aligned to Sustainable Development Goals 2, 3 and 6.

27. *Health.* The programme will focus on supporting the federal and state governments to: (a) operationalize the 'one PHC centre per ward' strategy for achieving universal health coverage; (b) continue the focus on polio eradication and the polio end-game strategy; (c) strengthen routine immunization nationwide, including vaccine security, and contribute to other accelerated disease control strategies, including polio eradication and measles elimination; and (d) foster women's capacities and authority for decision-making about children's health. UNICEF will support direct implementation of PHC revitalization in eight states.

28. The programme will advocate and support strengthened political commitment, accountability and government capacities to legislate, plan and budget for expanding health interventions. The 'One PHC centre per ward' strategy aims to have, in all 10,000 administrative wards, a functional PHC centre with the capacity to deliver a quality integrated minimum care package for control of communicable diseases; child survival interventions that prioritize the main childhood killers; maternal and newborn care; nutrition; non-communicable disease prevention; health education and community mobilization. UNICEF will provide capacity-building and technical support to state-level stakeholders to develop implementation and acceleration plans; assist in the rehabilitation of PHC facilities and train staff in integrated, equity-focused and gender-sensitive maternal, newborn and child health services; support institutionalization of maternal and perinatal death surveillance and response; and leverage resources to ensure availability of basic commodities. Communication for development strategies will promote improved health-seeking behaviours.

29. Strengthening routine immunization and polio eradication will receive concerted attention, including through comprehensive multi-year immunization plans, and optimization of the cold-chain system and procurement services for vaccines and consumables. Because support from Gavi, the Vaccine Alliance, will be discontinued in 2021, UNICEF and other partners will assist the Government in transition planning and advocate for government self-financing for vaccines and immunization. The Bill & Melinda Gates Foundation continues to be a critical partner for polio eradication.

30. UNICEF will continue to foster partnerships, coordinated efforts and institutional capacity for emergency preparedness, response to epidemics and C/DRR.

31. *Nutrition.* The programme will support the Government to implement the National Policy on Food and Nutrition by strengthening health and community systems and fully integrating nutrition into all aspects of the PHC system, with a particular focus on CMAM, infant and young child feeding interventions and routine micronutrient supplementation. There will be specific focus on aligning nutrition interventions with antenatal care, prevention and control of pneumonia and diarrhoea, immunization, deworming and distribution of insecticide-treated mosquito nets, and adolescent girls' and maternal nutrition. UNICEF programming will complement the efforts of other United Nations agencies, with nutrition-sensitive interventions geared towards the sustainable shift from emergency to development with long-term nutrition interventions that address stunting and SAM. The United Kingdom Department for International Development (DFID) is an important nutrition partner.

32. With the growing potential for domestic funding of nutrition interventions, UNICEF will increasingly focus on strengthening policies, government systems and accountability to ensure adequate nutrition financing. Recognizing geographical differences in the scale of malnutrition, UNICEF will continue to support service delivery in the north while

increasing the scale and intensity of policy advice and advocacy at the federal and state levels.

33. Humanitarian nutrition assistance will continue in critically affected northern states. UNICEF will focus on increasing the ability of the Government and partners to coordinate the sector, proactively identify risk factors for the nutritional status of the population, such as poor harvest yields, worsening purchasing power or poor feeding behaviours, and implement mitigation measures.

34. *WASH*. The programme will support the Government in implementing the Partnership for Expanded Water Supply, Sanitation and Hygiene, a national collaboration aiming to eliminate open defecation by 2025 and providing access to basic water supply and basic sanitation (including hand-washing facilities with soap) to all rural inhabitants by 2030. The partnership was finalized by the Ministry of Water Resources with support from the WASH Development Partners Forum, which UNICEF co-chairs with the African Development Bank. UNICEF will continue to support the humanitarian needs of IDPs in the north-east by restoring and/or expanding WASH systems for host communities and returnees, thereby contributing to early recovery.

35. The programme will advocate for increased political commitment, accountability and legislation for gender-sensitive WASH policies; formulate evidence-based plans; and coordinate, monitor and mobilize resources for scaling up WASH interventions. It will support strengthening government capacities at national and subnational levels to: deliver safe, equitable, sustainable and affordable drinking water; eliminate open defecation and ensure the safety and dignity of girls and women by involving them in design choices for facilities; provide gender-sensitive and disability-inclusive access to WASH services in schools and PHC centres; foster increased community resilience to disasters/climate change; provide better control of water-related disease outbreaks; and deliver basic WASH services in humanitarian situations. The programme will employ a mix of targeted service delivery in focus LGAs; systems strengthening including scaling up the WASH Management Information System (WASH-MIS); community engagement and women's participation in WASH committees and in the management of WASH facilities; behaviour change communication and hygiene promotion through schools; and expanding partnerships with the private sector for market shaping and innovation.

36. *HIV/AIDS*. The programme will support the Government in implementing the national plan to fast-track the HIV response for elimination of mother-to-child transmission of HIV, paediatric HIV treatment and adolescent HIV prevention, treatment and care to achieve the '90-90-90' targets by 2020 and to end AIDS in Nigeria by 2030. UNICEF will combine an intensified programmatic response with policy advice and implementation support to address persistent bottlenecks in achieving HIV targets for pregnant women, mothers, children and adolescents. UNICEF will focus on selected states and LGAs with the highest unmet needs for children's HIV programming and will facilitate effective use of evidence and South-South exchanges.

37. To strengthen community support systems, the programme will establish partnerships to empower families with information, enabling them to adopt positive behaviours and increase demand for HIV services. The programme will strengthen community-facility linkages to identify, link and retain HIV-positive pregnant women, children and adolescents in care. UNICEF will foster community-based innovative approaches to identify the most-at-risk adolescents and facilitate linkages to high-impact prevention services. The programme will support evidence generation on the importance of integrated programming for HIV and maternal, newborn, child and adolescent health; support strengthening of

systems for pregnant women and children living with HIV and the most vulnerable adolescents during emergencies; promote resilience, C/DRR and early recovery; and provide technical support to develop adolescent-focused interventions and data-collection systems.

Basic education

38. The programme will support the Government in achieving Sustainable Development Goal 4, focusing on girls, capacity-building and addressing institutional barriers to policy implementation, strengthening the enabling environment and education system with a focus on out-of-school children, targeted service delivery and the promotion of women's participation in education management. Continued support will be provided for scholarships, especially targeting girls. Priority states are those under the Girls' Education Project Phase 3 (being implemented in partnership with DFID/UKAid and Educate A Child until 2019). Engagement in selected states will gradually shift to evidence generation, institution-building and policy design. Other states with poor education indicators will be identified in consultation with government and development partners.

39. At federal and state levels, the programme will support effective and timely planning, monitoring, collection and use of data for decision-making through capacity-building and technical support to develop costed, evidence-informed plans and strengthening of the Education Management Information System (EMIS). To ensure that teachers have the requisite competencies and use gender-responsive pedagogy to deliver quality education to children, the programme will support capacity-building for pre-primary and primary teachers and Qur'anic facilitators, and development and/or review of training content and delivery strategies. It will support the Government to plan and implement an assessment of learning outcomes with a focus on girls, in collaboration with the World Bank and the United States Agency for International Development (USAID). State capacities will be supported to provide pre-primary education under the Global Partnership for Education (GPE).

40. Communities in selected states will be actively engaged in enrolling children at the right age and ensuring they attend school regularly through school enrolment drives, advocacy to promote girls' education and community involvement in addressing social norms that are barriers to education, especially for girls. Support will be provided to school-based groups encouraging and supporting girls to stay in school and delay child marriage. The programme will continue to promote and support a safe learning environment to mitigate the impact of conflict on children, teachers and communities in conflict-affected states (partnering with the Government of Norway). Learning opportunities in life and vocational skills will be supported for conflict-affected adolescents. The programme will also seek opportunities to engage in risk-informed programming and building resilience of children, schools and communities through integrating C/DRR and peacebuilding into relevant interventions.

Child protection

41. The programme aims to strengthen state-level systems to prevent and respond to child protection vulnerabilities and violations. System strengthening focuses on supporting the federal and six selected state governments to effectively plan, allocate resources, coordinate, monitor and evaluate child protection interventions around a common vision and legal mandate to end violence against children (including FGM/C, child marriage and

school violence) and promote birth registration of all children. Combining advocacy, policy advice, technical assistance and capacity-building, key government institutions, the justice sector, civil society and communities will be able to provide comprehensive and quality child-focused services and social welfare, protective education and health services, birth registration and protection against harmful practices.

42. Child marriage interventions will be grounded in child protection systems strengthening to end violence against children and support the adoption and implementation of the National Strategic Plan to End Child Marriage in Nigeria, 2016-2021. Through joint United Nations efforts, widespread agreement on multisectoral responses (and building and testing those responses) will be generated. This will strengthen the state-level legal policy framework and build local movements against child marriage. Cross-sectoral programming convergence will address girls' limited access to education, poverty and gender discrimination as root causes, as well as the health risks of child marriage. UNICEF will ensure girls and boys affected by armed conflict are protected from grave violations of their rights through advocacy, coordination, capacity development, provision of supplies and technical assistance to state and non-state actors at federal, state and LGA levels to provide a minimum package of services (identification of child victims/survivors of violence, including sexual violence, and of unaccompanied/separated children; case management; referral services; reintegration of children associated with armed groups; mental health and psychosocial support; and mine-risk education). These services, currently provided in conflict-affected areas under UNICEF leadership, combined with strengthened community-based mechanisms, will prevent violence and build resilience. UNICEF will continue to support the country task force on monitoring and reporting to strengthen the MRM at federal and state levels

Social policy and gender equality

43. UNICEF will support implementation of the National Social Protection Policy (NSSP) and its state level adaptation. The policy, expected to be approved by the Federal Executive Council in 2017, was developed with strong support from the United Nations country team (UNCT) under UNICEF leadership. The programme will contribute to inclusive sustainable development by generating evidence on child poverty and equity, providing specific advice regarding public investment in children, analysing urban and environmental concerns affecting children, and addressing gender and other forms of discrimination.

44. UNICEF will assist federal and state ministries, departments and agencies implementing the programmes and interventions needed to realize the 16 specific measures in the NSSP (including capacity assessment and capacity-strengthening strategies). In specific cases, subject to funding and collaborating with education, health and emergency response, UNICEF will engage in limited delivery of social protection, to model critical assistance for the poorest families where children's needs are greatest and/or government reach is limited. Cash transfers to families to address poverty, keep girls in school and postpone marriage will be tested.

45. Guided by the draft Gender Action Plan, 2018-2021, the country office has worked on unpacking gender barriers and gaps affecting programme delivery since 2015. The programme will provide guidance in gender-sensitive programme design, implementation, monitoring and documentation at sector level in education, WASH, and health.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources**	*Total*
Child survival and development	113 000	659 000	772 000
Basic education	16 000	129 000	145 000
Child protection	19 000	28 000	47 000
Social policy and gender equality	12 500	10 000	22 500
Programme effectiveness	130 000	138 000	268 000
Total	**290 500**	**964 000**	**1 254 500**

* "Other resources" refers exclusively to non-emergency OR. Other resources (emergency) funds of up to $260,684,000 are expected during the course of the country programme.

Programme and risk management

46. The UNICEF country programme is closely aligned with the UNSDPF and the Government's Economic Recovery and Growth Plan, 2017-2020. UNICEF leads the UNCT programme and operations management teams and result area 2 of the UNSDPF on equitable quality basic services (which anchors the UNICEF country programme). UNICEF leads the UNSDPF results groups for WASH and learning/skills development, and is co-lead for protection, health, HIV/AIDS and nutrition.

47. Timely and quality programme planning, monitoring, evaluation, innovation and reporting will enhance programme effectiveness. This will involve capacity-building of federal and state government and other partners in programme design and implementation; expanding and strengthening partnerships with all levels of Government, civil society, NGOs, the private sector and donors; and adequate resource mobilization. External communication will engage the media to advocate on key issues and to increase national investments for children. Communication for development will strengthen the uptake of programme interventions. The country and zonal offices structure, staffing and business processes will be geared towards delivering results for children as efficiently and effectively as possible.

48. In addition to the ongoing humanitarian crisis in the north-east, natural disasters, particularly flooding and disease outbreaks, inter-ethnic tensions and political unrest affect other areas of the country. Related risks include inadequate and unpredictable funding for the crisis in the north-east and other disaster-prone areas, and difficulties attracting staff to work in demanding conditions. The country programme is risk-informed and also includes mechanisms to make any needed adjustments. Emergency response and C/DRR are integrated into each programme component. The country office works closely with the regional office and headquarters on fundraising and human resources issues, and with the UNCT and the United Nations Department of Safety and Security to mitigate risks to staff.

49. This country programme document outlines the UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of

managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

50. The country programme's monitoring, evaluation and gender-review activities include mid- and end-year programme reviews. UNICEF will conduct spot checks and programme monitoring visits according to the harmonized approach to cash transfers, ensuring that agreed activities are being conducted as planned while simultaneously strengthening monitoring by partners. UNICEF will monitor achievement of biannual milestones and removal of bottlenecks using, for instance, lot quality assurance, random sampling and SMS-based reporting.

51. UNICEF will support federal and state bureaux of statistics to strengthen evidence generation on women and children and the impact of public policies on children. UNICEF will support a new multiple indicator cluster survey (MICS) in 2020.

52. The evaluation strategy will focus on impact evaluations planned for all programme components and will examine the effectiveness of UNICEF support. Midterm and end-of-cycle external evaluations of the UNSDPF are expected.

Annex

Results and resources framework

Nigeria – UNICEF country programme of cooperation, 2018-2022

Convention on the Rights of the Child: Articles 1-40

National priorities: Sustainable Development Goals 1-6, 10, 16
Government Economic Recovery and Growth Plan: Improved well-being of all Nigerians through equitable quality basic services.

UNSDPF results involving UNICEF:
By 2022, all Nigerians enjoy good and inclusive governance in secure, resilient and peaceful communities.
By 2022, all Nigerians enjoy improved well-being through sustainable, equitable and quality basic services which fulfil their human rights and contribute to greater social cohesion and economic development.
Outcome indicators measuring change that includes UNICEF contribution: To be determined.

Related draft UNICEF Strategic Plan, 2018-2021 Goal Areas:[1] 1-5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs at federal level and in target states*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. Children, adolescents and women have equitable access to and use improved and quality, high-impact maternal, neonatal and child health interventions and adopt healthy life practices.	Percentage of live births attended by skilled health personnel Baseline (2016 administrative data): 47.3% Target: 70% Proportion of children aged 12-23 months fully immunized Baseline (DHS 2013): 25.4% Target: 85%	Health Management Information System (HMIS)/DHS	1. Increased national capacity to provide access to essential high-impact maternal, newborn and child health interventions and immunization services, including in humanitarian situations. 2. Enhanced support for children and caregivers, from pregnancy to adolescence, for improved healthy behaviours.	National Primary Health Care Development Agency (NPHCDA); Federal/State Ministries of Health (F/SMoH); State Primary Health Care Development Boards (SPHCDBs); WHO/ UNFPA/ World Bank; European Union; Government of Japan; USAID;	52 500	353,000	405,500

[1] The final version will be presented to the Executive Board for approval at its second regular session of 2017.

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs at federal level and in target states*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
				Gavi, the Vaccine Alliance, United States Centers for Disease Control and Prevention (CDC).			
2. Children, adolescent mothers and women, particularly in vulnerable and deprived areas, have increased access to quality services and information, and adopt appropriate nutritional practices to prevent and treat malnutrition.	Percentage of children 0-5 months who are exclusively breastfed Baseline: 25% Target: 57% Number of children aged 6-59 months who received vitamin A supplements in the last 6 months Baseline: 14 million Target: 25 million Percentage of children 6-59 months affected by SAM who are discharged as cured Baseline: 86% (2016) Target: Above 75%	HMIS/ /DHS/National Nutrition and Health Survey	1. Improved access to and utilization of nutrition services for children under age 2 years, school-age children and adolescents to prevent stunting, severe wasting, anaemia and other forms of malnutrition, including in emergencies. 2. Improved knowledge management and partnerships for sustainable reduction of malnutrition.	NPHCDA; F/SMoH; SPHCDB; Ministry of Budget and National Planning (MBNP); WFP/ WHO; NGOs/civil society organizations; DFID; USAID; European Union.	20 000	200 000	220 000
3. Nigerians, especially women, girls and those in vulnerable situations in rural and urban settings, have equitable and sustainable access to and use safe and affordable water supply, sanitation and hygiene practices in communities and institutions and live in an open-defecation-free environment.	Proportion of the population practicing open defecation Baseline: 25% Target: 12% Proportion of people using basic drinking water services in rural areas Baseline: 69% Target: 76% Number of schools and health facilities with functional gender-sensitive WASH facilities. Baseline: 28% Target: 35%	Joint Monitoring Plan, MICS, DHS, Sector monitoring reports/WASH-MIS	1. National/subnational governments and stakeholders have increased capacities to deliver equitable and sustainable access to safe and affordable drinking water and sanitation and hygiene services, including in institutions, and eliminate open defecation. 2. National/subnational institutions and stakeholders have strengthened capacities to foster increased community resilience to disasters, and to deliver gender-sensitive basic WASH services in humanitarian situations.	Federal/state Ministries of Water Resources, Environment, Health, Education; Rural Water Supply and Sanitation agencies; WHO/WFP; DFID; European Union; African Development Bank; NGOs/community-based organizations (CBOs).	17 500	88 000	105 500

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs at federal level and in target states*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
4. Children, adolescents and women, particularly in high HIV-burden states, have increased access to and use quality services to prevent and treat HIV.	Percentage of HIV-positive pregnant and breastfeeding women who receive lifelong antiretroviral treatment. Baseline: 30% Target: 90% Proportion of adolescents accessing HIV testing and counselling. Baseline: 12% Target: 60%	Global AIDS Response Progress Report/HMIS/DHS/ MICS/AIDS Indicator Survey	1. Health systems are strengthened at all levels to provide services for prevention and treatment of HIV in women, children and adolescents, including in emergencies. 2. Community support systems are strengthened to promote timely uptake of an integrated package of HIV services by pregnant women, their infants, partners and families, and by adolescents.	National Agency for the Control of AIDS, National AIDS Control and Prevention Program; NPHCDA; UNAIDS/WHO/ UNFPA; United States President's Emergency Plan for AIDS Relief (PEPFAR).	23 000	18 000	41 000
5. All children access and complete quality education, within a safe learning environment, with skills and knowledge for lifelong learning.	Completion rate Baseline: Primary 85%; Junior Secondary 63% Target: Primary 91%; Junior Secondary 69% Performance in literacy and numeracy tests in grade 4 Baseline: Literacy 31%; Numeracy 37% Target: Literacy 68%; Numeracy 74% Out-of-school ratio (primary) Baseline: 34% Target: 24%	EMIS/MICS/DHS Monitoring of learning achievements	1. Teachers have increased competencies and use proven teaching methodologies to deliver appropriate quality education. 2. School communities are engaged in enrolling children at the right age and ensuring they attend school regularly. 3. Federal and state governments have increased capacities to deliver educational services.	Federal/state Ministry of Education; Universal Basic Education Commission; State Universal Boards of Education; Education in Emergencies Working Group; NGOs; UNESCO; GPE; World Bank; DFID; Government of Norway.	16 000	129 000	145 000
6. Children who are victims or at significant risk of violence, abuse, neglect and exploitation, including those in humanitarian settings, receive quality preventive and responsive services from a functioning child protection system at federal level and in	Number of children who are victims or at significant risk of violence, abuse neglect and exploitation who report and receive services (milestones indicated as % of total coverage) Baseline: 5% Target: 25% Percentage of children under	Quarterly monitoring reports, MICS/DHS RapidSMS dashboard	1. Key institutions have increased capacities to provide comprehensive, social welfare and justice services to prevent and respond to all forms of violence against children. 2. Birth registration system has strengthened capacity to scale up the registration of children under age 5 years, with focus on children under 1 year of age.	Federal/state Ministries of Women's Affairs and Social Development, Education, Health, Justice, Youth, Sports, Cultural Development; National Population Council; UNFPA/	19 000	28 000	47 000

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs at federal level and in target states*	*Major partners, partnership framew orks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
targeted states	age 5 years whose birth is registered Baseline: 10% Target: 38%			WHO/UNDP/ UNODC/IOM /OCHA; NGOs; Together for Girls Partnership.			
7. NSSP is implemented and adequately financed at federal and state levels	Disaggregated child poverty estimates updated with every major household survey (DHS/ MICS) Baseline: 0 Target: 2	Policy documents, UNICEF-led assessments, annual sector reports	1. At federal and state levels, the NSSP is implemented, with particular emphasis on meeting the needs of the poorest children and families. 2. At federal and state levels, costing and fiscal space analyses provide specific guidance for governments to allocate and invest sufficient resources for children in line with the NSSP.	MBNP; Bureau of Statistics; ILO/UNDP; World Bank.	12 500	10 000	22 500
	Costed child- specific policy measures Baseline: 0 Target: 2						
	Root causes of, and entry points to reduce, gender disparity identified and addressed within UNICEF programmes Baseline: 0 Target: 45						
8. The Nigeria country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.	Number of evidence-based sectoral strategic communication and social mobilization plans developed and implemented Baseline: 0 Target: 3	Communication and social mobilization plans	1. Communication for Development strengthens national and local capacities to plan, participate, and implement communication strategies to effect behavioural change. 2. Strengthened institutional capacity at federal and state levels to jointly plan, review and document results achieved for children and women. 3. Leadership of humanitarian coordination sectors under UNICEF responsibility is carried	Child Rights Information Bureau, NPHCDA, Nigeria Centre for Disease Control, communities/social networks/CBOs, academic institutions MBNP (federal and state) National Emergency Management Agency; State	130 000	138 000	268 000
	UNICEF annual state operational plans and state government budgets are aligned in the focus and Delivering as one states and programme implementation monitored twice a year Baseline: 50%	State operational plans and state government budgets					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs at federal level and in target states*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Target: 100%		out effectively.	Emergency Management Agency.			
	Percentage of operational cost to country budget Baseline: 5% Target: 5%	VISION data					
	Office performance index	Performance Scorecard					
Total resources					**290 500**	**964 000**	**1 254 500**